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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/810,991  
Filing Date: March 26, 2004  
Applicant: Milbourne et al  
Group Art Unit: to be assigned  
Examiner: to be assigned  
Title: IMPACT WRENCH HAVING AN IMPROVED ANVIL  
TO SQUARE DRIVER TRANSITION  
Attorney Docket: 0275L-000717/CPA

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Director of The United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination of the present application, please consider the following.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 6 of this paper.

Please type a plus sign (+) inside this box → ☐**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/810,991	
	<b>Filing Date</b>	March 26, 2004	
	<b>First Named Inventor</b>	Milbourne et al	
	<b>Group Art Unit</b>	to be assigned	
	<b>Examiner Name</b>	to be assigned	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	0275L-000717/CPA

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>return receipt postcard</b>
<b>Remarks</b>		<b>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 02-2548. A duplicate copy of this sheet is enclosed.</b>

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Harness, Dickey & Pierce, P.L.C.	<b>Attorney Name</b>	Ryan W. Massey	<b>Reg. No.</b>	38,543
<b>Signature</b>					
<b>Date</b>	May 7, 2004				

**CERTIFICATE OF MAILING/TRANSMISSION**

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